

Capsules of the NEWS..

Malpractice Suits: Some 18,500 living MDs, who are members of the AMA, have had a medical professional liability claim or suit brought against them at some time in their careers. Specialists, who make up about 44% of the MD population, are defendants 50% of the time. About 63% of the claims and suits stem from surgical acts. The alleged negligent act is performed in the hospital in 67% of the cases.

MD-Population Ratio: Is the number of MDs keeping pace with the population growth in the U.S.? Yes, according to Public Health Service's *New Health Manpower Source Book*. In 1940 there were 132.6 MDs per 100,000 population. In 1958 the figure was 132.5.

Limitation Upheld: New Mexico's Supreme Court ruled that a regulation limiting medical staff of a county hospital to physician graduates of AMA-approved medical schools was not contrary to state statutes. Plaintiffs in the case were osteopaths, who are licensed to practice medicine in New Mexico.

Cancer Treatment: Value of early detection and treatment of cancer was illustrated by 10-year study of 8,079 cancer victims in Westchester County, N.Y. Forty-three per cent of patients in whom cancer was detected early survived five years or longer. Twenty per cent of the patients in which cancer had begun to spread survived five years or longer. Only 2% of persons with widely-spread cancer lived as long as 48 months after cancer was first detected.

Prescription Insurance: Insurance against the cost of prescriptions is now held by about 600 families in Santa Clara County, Calif. Subscribers pay a 75c monthly premium per family, pay no additional charge above premium for required drugs. It's the first major drug prepayment insurance plan to be tested under auspices of a state pharmaceutical association.

Safety Questioned: Three Baylor U. researchers, writing in the *Journal of AMA*, said "much more" knowledge is needed about oral polio vaccine before it can be considered safe. They said safety tests performed in different laboratories are in "serious disagreement" about the degree of attenuation of the viruses.

Electronic Brains: For latest on use of computers in field of medicine see story on page 2.



RIDING ON AIR, Dr. Bertelsen demonstrates his invention.

Wide-World Photo

MD's Machine Floats on Air

The patient, awaiting a routine house call by his family physician, saw the doctor arrive floating on air.

The floating physician is Dr. William R. Bertelsen, general practitioner in Neponset, Ill., and inventor of the Aeromobile. On Aug. 17, 1959, he made the world's first house call in a vehicle using the principle of free air suspension.

Dr. Bertelsen, with the help of his father, J. W. Bertelsen, built the Aeromobile in his spare time and expects to have a model ready for production in a year or so. The vehicle rides six inches off the ground on a cushion of forced air.

"It will work on the ground, on ice, on snow, or over water," Dr. Bertelsen told *The AMA News*. There are several such experimental machines, he said, but only the Aeromobile and one other are fully controllable.

The vehicle has a 72 hp gasoline motor, will go at least 40 mph. It will climb a 6% grade and will go faster and climb higher with a stronger engine. It measures 101 x 71 inches and weighs 400 pounds. Operating expense will be about like that of a motor boat, Dr. Bertelsen said.

The physician demonstrated his machine this month at Princeton University's James Forrestal Research Center.

Medical School Aid Suggested

A special government study committee recommended a ten-year \$500 million program of federal aid for "greatly accelerated" construction of new medical schools and expansion of existing ones.

The advisory group to the Public Health Service declared that "the nation's physical supply will continue to lag behind the needs created by increasing population unless the federal government makes an emergency financial contribution on a matching basis toward the construction of medical school facilities."

Needs Described: Under the proposal, one of scores set forth by the 23-member Surgeon General's Group on Medical Education, the federal government would appropriate funds on a matching basis (with non-federal sources putting up the same amount) for:

- Expansion and improvement of existing medical schools.
- Construction of new schools of basic sciences.
- Construction of new four-year medical schools.
- Construction of the necessary teaching hospitals.

The report followed a National Re-
(See Medical School, Page 2)

Last Call for Reservations

Physicians who want to be assured of good hotel accommodations in Dallas for the American Medical Association's 1959 Clinical Meeting Dec. 1-4 should make their reservations at once.

Reservations may be made with AMA, Housing Bureau, 1101 Commerce St., Dallas 2, Tex. An advertisement listing hotels and motels appeared in the Oct. 19 issue of *The AMA News*.

The best highway routes to Dallas are described on page 11 of this issue of *The News*. And there is advice on what clothes to wear in Dallas.

Deadline for resolutions to be submitted to the House of Delegates is noon, Nov. 30. They should be mailed to AMA headquarters by Nov. 20, or left at AMA Headquarters Office, Regency Room, Adolphus Hotel, in Dallas on Nov. 29 and 30.

Malpractice Coverage Cut

Physicians who have professional liability insurance with "Lloyds, London and/or companies" may not have the protection they thought they had.

This story has emerged since the liquidation on Sept. 14 of British Commercial, one of several non-tariff insurance companies in Britain with which Lloyds brokers placed business over a period of years.

Effects of this arrangement in the professional liability insurance field were brought home last month when an American physician, insured by "Lloyds, London and/or companies," faced a malpractice action based on a 1955 case.

Coverage Limited: During the course of the litigation, Lloyds informed the doctor that he was covered only for 20% of his professional liability insurance limit because 80% of it had been carried in 1955 by the now defunct British Commercial.

The case later was dismissed and the physician was spared the possibility of paying perhaps up to 80% of the judgment.

A spokesman for an insurance brokerage firm which handled the doctor's insurance told *The AMA News* the physician's loss, had he been found guilty, would depend on how British Commercial was liquidated.

Some Collectible: The physician would have become a creditor of the company, he explained, and eventually would be able to collect a percentage of the amount that was honored following the liquidation. "It probably would take five to six years before liquidation is completed," he added.

The spokesman said his firm carried 4,000 to 5,000 policies of this type, mostly in the East. He added that none of these physicians, as far as he knew, faced a professional liability action at this time.

Other Policies: Dr. Joseph F. Sandusk Jr., Oakland, Calif., a member of AMA's Committee on Medicolegal Problems, said he believed about 4,000 California physicians have policies with "Lloyds, London and/or companies" and that several medical specialty groups also have this type of coverage.

The American College of Physicians was one organization which had had a group policy with "Lloyds, London and/or companies" from Oct. 7, 1953, to Sept. 1, 1956.

Edward Loveland, ACP executive secretary, said if this phrase is used to describe the insuring party in a contract, it means a percentage of the coverage, varying from 5% to 80%, may have been with other companies, including British Commercial.

Full Protection: Loveland added that from Sept. 1, 1956, to Dec. 31, 1958, Lloyds alone covered ACP's insurance, meaning physicians who participated in the group plan during this period had full protection. As of this year, he continued, ACP mem-

(See Lloyds, Page 3)

Medical School Aid Suggested

(Continued from Page 1)

publican Committee task force proposal for short-term federal aid for construction of medical schools as well as other steps to increase the supply of physicians.

U.S. Surgeon General Leroy E. Burney, commenting on the PHS advisory committee's proposals, said that he would make every effort to see that the manpower goals are attained.

Minimum Ratio: The committee, headed by Frank Bane, former executive director of the Council of State Governments, said the present ratio of physicians to population (about one to 740 persons) is the "minimum essential to protect the health of the people."

By 1975 medical schools should graduate 11,000 annually, 3,600 more than now, the group declared. Current plans for expansion of schools and facilities "would not be adequate to maintain the current ratio of physicians to population," the committee said in its 95-page report.

In addition to federal grants-in-aid for medical schools, the report recommended scholarship assistance for medical students, and community and private help to maintain high medical training standards.

The advisory group had been studying the issue for more than a year. Congressional action on proposals to assist medical schools was postponed last session until the report could be completed, and the Administration could make its own recommendations, if any.

Support Required: The report said "there should be more generous public and private support for the basic operations of medical schools. This support must come from many sources, including state and local appropriations, endowments, gifts and grants, universities, and reimbursements for patient care."

Federal medical research grants should cover the full indirect costs so that medical schools are properly reimbursed for the contribution of medical education to research, according to the group.

"Probably the greatest immediate obstacle to expanding the nation's medical educational capacity in existing schools and in the development of new schools is the problem of financing the needed facilities," said the report.

Other highlights:

- Aggressive action . . . by foundations, individuals, industry, and voluntary agencies is needed to obtain additional private support of medical students, including both low-cost loans and scholarships.
- State loans, grants, or scholarships for selected medical students.
- Federal educational grants-in-aid for medical students.
- Special consideration under the federal student loan program "in order that medical students may receive loans in proportion to their urgent needs for assistance."
- Increases in medical school facilities and students "should be made in a manner which protects the quality of medical education."
- Greater attention must be given to the problems of existing schools whose educational plants or programs are now inadequately financed (estimated at 15% of medical schools).
- "Schools should consider the effect of unreasonably restrictive admission policies on the quality of their students and the need for a student body with diversified interests and background."
- Evaluation should be made of experiments to shorten the period of medical training.
- When federal funds become available to aid medical education, a national committee should be established to advise the surgeon general on the administration of such funds. The work should be closely coordinated with that of the National Advisory Council on Health Research Facilities and the Federal Hospital Council which are concerned with administering federal grants for research facilities and hospital construction.

Electronic Diagnosis

Computers, Medicine Join Forces

The digital computer—that complex, quick, indefatigable, exciting giant of automation—has joined forces with medicine and promises to help carry the healing arts to greater heights.

The electronic marvel has only in the past several years become available to medical researchers, and scientists who have hitched their research star onto the lightning swiftness of the man-made brain, agree:

"Medicine is only scratching the surface in utilizing this tremendous tool."

Instant Calculation: One of these men is Dr. George V. LeRoy, associate dean, Division of Biological Sciences, University of Chicago, who is investigating the rates at which various compounds are utilized by the body.

In the study, a mass of data is collected by measuring the exhaled air of subjects for radioactive-tagged carbons, specific activity, carbon dioxide, and volume of ventilation.

Dr. LeRoy and his assistants attempted to analyze the data by using hand calculators but found it took far too much time. They then took the problem to the university's UNIVAC and found that it could accurately compute in an instant what previously had taken days.

Simulation Seen: Dr. LeRoy, like many computer-oriented medical scientists, foresees more sophisticated uses for the computer, such as simulation of biological systems. He commented:

"Industry already is using a computer to create a theoretical model of a complex machine and then using the computer to determine the best design. In the same way, it is possible to take all the variables of kidney function and create a hypothetical kidney. From this model we might get new insight and determine more effective ways of treating kidney ailments."

Other broad functions for computers in medicine are control of equipment, retrieval of documents, and diagnosis and therapy selection.

Low Priority: The latter use of computers has caught the imagination of the press and the ire of some scientists. Dr. Mark S. Blumberg, Stanford Research Institute, insists:

"This is probably the lowest priority use of computers in medicine I can think about. It has the faculty of insulting all MDs."

At the same time, Charles J. Roach, a computer expert with Systems Development Corp., observed in a recent *Time* article ("Dr. Automation"):



DR. GEORGE V. LEROY, University of Chicago, foresees more sophisticated uses for the computer in medical research.



RMAC 305 COMPUTER stores five million characters of information on 50 rotating disks shown behind glass enclosure. Retrieval of information may be accomplished in less than one second. Medical centers at University of Virginia and University of Texas have computers on order.

"Doctors are inclined to insist that diagnosis is an art. Perhaps it is—now. But must it be? And is that good?"

Diagnosis Experiments: Engineer Roach heads SDC's "Project Medic"—a record retrieval concept which foresees a nationwide electronic medical data processing system to assist physicians in obtaining information and in preparing various statistical studies.

Experiments on diagnosing with computers have been done by Dr. Keeve Brodman, New York Hospital-Cornell University Medical College. He uses a computer to analyze "ata patients supply by answering questionnaires."

Recently, the machine's ability to diagnose the condition of 350 subjects was compared with that of a physician who had made preliminary diagnoses from the same information as that given the machine.

How They Scored: On diseases not involving psychoneurosis, the computer scored 48% and the MD 43%. However, when emotional illness was present, the MD identified 81% while the computer fell to 42%.

At the same hospital, Dr. Martin Lipkin has used the computer to diagnose 26 types of hematological diseases. And at Mount Alto VA Hospital in Washington, D.C., Dr. Hubert V. Pipberger has used a computer to diagnose heart disease from electrocardiographic data. He reported a "high percentage of accuracy."

Despite these experiments, the general medical opinion is that final diagnosis will have to be made by a physician.

Control of medical equipment by a computer has been demonstrated in the administration of anesthesia. By taking the measurement of blood pressure, heart action, respiration rate, eye pupil size, and wakefulness, the computer sets the flow of the anesthetic.

May Cut Costs: As a record keeper, the computer may help cut the cost of hospital care. Here is what John Diebold and Fred E. Wertz, consultants on automation, reported:

"Our study at Baylor University Hospital in Dallas showed that large institutions can make savings with computer installations to handle clerical and data processing work. Ultimately, the computers will be constructed so that smaller hospitals may also find them of great use."

Last month, IBM announced a program aimed at putting its RMAC computer into 500 of the largest hospitals in the country to save money on record keeping.

Ramac can store five million digits or characters of information on a stack of 50 spinning discs with magnetic surfaces. It can file away 50,000 items, each composed of 100 characters, and hunt up and change any of these records in less than one second.

Uniform Care: The optimistic view on cost cutting with computers is not shared in full by Robert S. Ledley, professor of electrical engineering, George Washington University.

Prof. Ledley, who is completing a Survey and Monograph on Electronic Computers in Biology and Medicine for the National Academy of Sciences-National Research Council, cautions:

"The use of computers does not necessarily cut costs. But their prime advantage is that they can make possible advances in medical research and application that would otherwise have been impossible. It is certain that computers will bring better and more uniform medical care to more people."

Obstacles Ahead: The computer expert, whose study is scheduled for publication next summer, also warned that many severe obstacles and problems must be overcome before full biomedical utilization of the electronic brain can be realized. He explained:

"There is urgent need for personnel trained in cross-discipline fields, for more extensive exchange and communication of technical scientific information in the field, and for a thorough appreciation of the generally larger resources and efforts that must frequently be associated with such use of computers."

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Names in the NEWS

Dr. Frederick A. Tucker, Seattle, is president of Washington State Medical Assn. Dr. Homer W. Humiston, Tacoma, is president-elect . . . Kentucky Medical Assn. installed Dr. Irvin Abell Jr., Louisville, as president, chose Dr. Richard G. Elliott, Lexington, president-elect . . . President of Kansas Medical Society is Dr. Glenn R. Peters, Kansas City; president-elect is Dr. Fred E. Wrightman, Sabetha . . . Montana Medical Assn. picked Dr. Raymond F. Peterson, Butte, president-elect; installed Dr. Leonard W. Brewer, Missoula, president. . . .

Dr. Wesley W. Hall, Reno, is president-elect of Nevada State Medical Assn.; Dr. Ernest W. Mack, Reno, is president. . . . West Virginia State Medical Assn. chose Dr. John W. Hash, Charleston, president-elect and installed Dr. Jacob C. Huffman, Buckhannon, as president.

Dr. C. M. Starr, North Hollywood, Calif., is new president of Flying Physicians Assn. Dr. Frank H. Coble, Richmond, Ind., is president-elect. . . . The Senate has confirmed the nomination of Maj. Gen. Leonard D. Heaton as Army surgeon general with the rank of lieutenant general.

Lloyds . . .

(Continued from Page 1)

bers have been insured by a domestic firm.

Presently, ACP and the Law Division of AMA are trying to determine what responsibility Lloyds has toward its American clients and what recourse the insured parties have.

The spokesman for the insurance brokerage firm told *The AMA News* that Lloyds "is solid as the Bank of England" and stands 100% behind its commitments.

Unprecedented: But, he added, it does not back the other insurance companies which participated in the coverage under "Lloyds, London and/or other companies." He said the liquidation of British Commercial was unprecedented, that "No other British insurance company doing business on an international scale has ever gone into liquidation."

An attorney for the AMA Law Division declared:

"Any physician who has, or had, a professional liability insurance policy with Lloyds should take a close look at it to see if it says 'Lloyds, London and/or companies.'"

"If this phrase is used, the physician should determine the names of the companies with which Lloyds purports to share coverage. He should obtain this information in writing from someone who has 'binding authority' on behalf of the underwriters."

Statute of Limitation: The AMA attorney observed that in professional liability cases, the statute of limitation varies by states and that in some jurisdictions it does not begin to run until the alleged malpractice has been discovered.

In cases involving minors, he continued, the statute of limitations may not begin until the injured party is 21.

The attorney also stressed that when a physician is charged with malpractice, he must depend on the insurance firm that covered him at the time the alleged malpractice occurred.

"In view of this fact," he said, it is mandatory that insurance companies be selected on the basis of present as well as future financial responsibility."



UPI Photo
LEARNING TO IDENTIFY medicines by taste alone, this illiterate midwife takes a test at a health center in Hosh, Sudan. Midwives—important in a country with one doctor for every 72,000 people—are trained in modern medical techniques at nine Maternal and Child Welfare Centers set up by the Sudan government with assistance from the UN Children's Fund.

Medical Plan Dropped

The Council of the Los Angeles County Medical Assn. has agreed to cease activities concerned with establishing the Los Angeles Medical Plan.

The council's action followed a 529-86 vote against LAMP at a special Sunday morning meeting of the 7,300-member association.

LAMP was to be a corporation to represent physician members in dealings with insurance companies and third parties participating in the purchase and distribution of medical care.

LACMA's council added that its action does not mean that any one of the association's 16 districts cannot proceed with such a plan if it wants to.

Opposition to LAMP was on the basis that "any plan that proposed a total-fee-for-services principle has

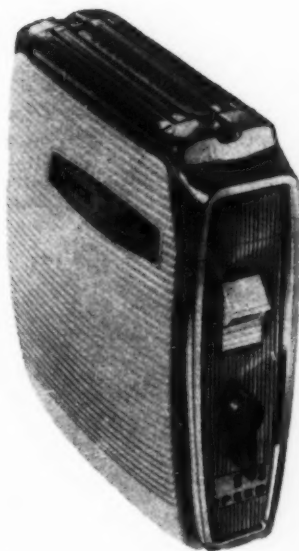
been proven to encourage abuse, to create disunity and to jeopardize the quality of medical care."

Advocates of the plan pointed out that the Long Beach District has had a LAMP-like plan for at least five years and that 89% of the physicians in that area belong to it. There are several similar plans in California, one of which—the San Joaquin Plan—has been in successful operation for five years with 90% membership.

Films Go Overseas

More than 500 persons at the medical headquarters of the Arabian American Oil Company at Dhahran, Saudi Arabia, have seen a series of medical films produced by Sterling Movies, Inc., in cooperation with the American Medical Association.

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Editorial Viewpoint

MD Press Relations

Cooperation and mutual understanding between physicians and the press are more important today than ever before due to an increasing public interest in medical science news.

While medical public relations have improved tremendously during the past few years, there still is an occasional encounter between doctors and newsmen resulting in disappointment or annoyance on one side or both. Usually these encounters stem from a misunderstanding of each other's problems and obligations.

Actually, the press and the medical profession have a lot in common. Both have tremendous responsibilities to the public. Newspapers are concerned with the ills of society, just as the doctor is concerned with the ailments of the individual. Freedom of the press and freedom of choice—the basic right of an individual to choose his own doctor—are among America's most treasured traditions.

To fulfill their responsibilities to the public, physicians and journalists must have an opportunity to meet and talk, to promote understanding of each other's problems, to generate respect each for the other, and to recognize the rights of individuals, of writers, of physicians, and of the public.

It is to the advantage of physicians, hospitals, and the press that the public be provided with prompt and accurate information within the bounds of good taste.

Since the press is responsible for what it publishes, it must be the sole judge of what shall be published. Where the source of news is a physician, the press should assume the obligation to consider the life and health of patients and to recognize the ethics by which doctors are bound.

The press cannot carry out its traditional responsibility of informing the public in the area of medical and patient news without the cooperation of the medical society and individual doctors. The inevitable penalty of silence by physicians is public ignorance, misunderstanding, and fear. In a democracy, public ignorance, misunderstanding, and fear can be dangerous to professional freedom.

The facts about medicine and the health of the people have to be told by those who know the facts. If a reporter cannot get the facts from the doctor, he will go elsewhere, and the chances of the public getting an accurate story may be lost.

For years doctors feared that releasing medical news to the press would result in condemnation by their colleagues for unethical practices. The code of ethics now stresses that it is the responsibility of the physician and the medical society to see that accurate medical information reaches the public.

Many communities have accomplished good relations through codes of cooperation which set forth workable policies on medical news which satisfy both sides.

Such codes usually set up a system of official spokesmen for each county medical society. These doctors make themselves available to the press and may be quoted in matters of public interest for purposes of authenticating information. And the code usually states specifically that this action by the spokesmen shall not be considered by their colleagues as a breach of the time-honored practice of physicians to avoid personal publicity, since it is done in the best interests of the public and the profession.

But even where the codes exist both the medical profession and the press should be able to accept constructive criticism. Neither is perfect. And sincerely expressed criticism often can be helpful to both.

Nothing Serious

• **Changing Times:** The population of the U.S. is expanding at a record rate. Despite what snobbish Europeans say, Americans are a very well-bred people.

• **Some people drive as though they were going for a doctor—and some of them are although they don't know it at the time.**

The Two Handed Sword



Support for WMA

The U.S. Committee of The World Medical Assn. is now sending letters to pharmaceutical companies asking them to renew their support for WMA.

It is commendable that the drug manufacturers have always supported the world medical organization. Without such aid the association could not have attained its current status and made such substantial contributions. To be fully effective, WMA must have broad general support from the medical profession throughout the world.

Examining Room Humor

Chicago Daily Tribune

This is definitely in the Life Is Stranger than Connecticut department. And you will have to take my word it happened, as doctors are slightly sacrosanct, and any suspicion such a healer was seeking notoriety might cause the Ruling Body to penalize him 16 yards and dull his scalpel.

At any rate, a Wilmette dentist was waiting for someone to fetch in an incisor which needed mending, when he heard an uproar in an adjoining doctor's office. There was loud talk and, presently a discontented lady emerged muttering imprecations and slammed the door sharply.

The dentist, intrigued, sought out his medical cohort and said, "What happened?"

"Well," said the physician, "I just told a lady who has had seven children, that she is pregnant. She became enraged and began to talk loudly and a trifle incoherently."

The doctor said that he told the lady he could not understand this reaction as she had not had much trouble with the seven children, and a child is a blessing indeed. At this, the lady calmed a bit and said to the doctor, "It has nothing to do with the child. The child will be welcome indeed."

"On what, then, do you base your discontent?" the doctor asked.

"I do not want you to misunderstand," the lady insisted. "I love each of my offspring, and I shall also love the new arrival."

"Why, then," asked the doctor a little impatiently, "are you enraged?"

The lady burst into tears. When she had throttled down the sobs to the point where she could utter, she said brokenly, "I just don't want to be a life member of that blankety-blank PTA."

Words of Wisdom

Thomas Jefferson: No government ought to be without censors; and where the press is free, no one ever will.

Dr. Charles H. Mayo: Medicine is about as big or as little in any community, large or small, as the physicians make it.

French proverb: People count up the faults of those who keep them waiting.

Dr. Joseph H. Peck: The higher you climb, the more you show your behind—and there is an awful temptation to kick it.

Elderly Need Fair Chance

The Detroit Free Press

Michigan's Sen. Patrick McNamara made an impassioned plea for the aged as the Senate subcommittee he heads opened public hearings on the problems of the elderly.

Senator McNamara used statistics—predicting that in 10 years there will be greatly increased numbers of persons over 65 years of age in the U.S.—to support his assertion that the situation of the aged is desperate, that no adequate preparation has been made to care for them, and that the problem is potentially explosive.

We agree with the senator, but would like to bring up some thoughts that are often discussed by the elderly but are rarely considered when the organized do-gooders gather to furrow their brows.

The first is that most elderly men and women, if able, want to take care of themselves, and that their happiness is best served if they can do so.

Another is that inflation has ruined or damaged the chances of many elderly people to care for themselves. Their savings, insurance benefits, retirement funds and other forms of providing for a comfortable and independent old age (including even Social Security) have been greatly discounted or wiped out by the shrinking value of the dollar.

The last is the claim of so many retired men and women that they must be a cross between a bookkeeper and a law clerk to exist in today's tangle of rules and regulations on government assistance to the aged.

Complicated restrictions on income, job-holding and self-employment have made old age a nightmare for many elderly people. Their efforts to care for themselves, wholly or in part, are often nullified by government regulations that reduce them to shrewd calculators.

Those who sincerely want the aged to live a decent, rewarding and peaceful life should seek to give those able to use it more freedom and more opportunity to care for themselves and provide more generously for those who cannot.

It will be interesting to see if Senator McNamara's committee takes cognizance of and acts upon the actual opinions, sentiments and true needs of the elderly. If it does its approach will be both unusual and welcome.

"Quotes"

Bernard Baruch: I wish we could awaken younger people to a keener realization that old age is part of their destiny—if they continue to live.

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Answer Service Sale Is Forced

The Arlington (Va.) County Medical Society recently was forced to sell its telephone answering service because of the Internal Revenue Service's rulings on tax-exempt organizations.

IRS has ruled that when a tax-exempt organization engages in an activity normally carried on for profit, then the activity will be subject to corporate income tax. When the activity overshadows other functions of the organization, then the entire tax status of the organization may be jeopardized.

The society sold the answering service on Oct. 1 to two women who were the original telephone operators for the service.

The society has filed an appeal to obtain its tax-exempt status.

The AMA Law Division reports that medical societies which operate telephone answering services and collection agencies have been targets for IRS. Both of these activities are recognized as commercial, competitive businesses conducted for profit.

Employer Responsible

Physicians generally are regarded as independent contractors, but recent cases have held employers—such as large industrial plants—responsible for malpractice committed by their salaried MDs.

This is under the old doctrine of *respondeat superior*—the principal (employer) is responsible for acts of the employee (doctor).

At the same time, the courts have stated that if an emergency illness or an injury occurs to an employee at the plant, the employer has an obligation to furnish emergency first aid.

Legal Risk: On the other hand, if the company-maintained medical department renders non-occupational treatment to employees, it runs a serious legal risk.

For example, if an injury were to occur because of the negligence of a company physician or nurse in giving polio inoculations or cold immunization vaccines, the employee might have a common law action for damages against the firm as well as the negligent MD or nurse.

In Workmen's Compensation actions, which cover occupational injuries and illnesses, there are statutory amounts limiting the recovery due to injury or ill health resulting from employment.

But in common law action, the employer may find himself subject to the high awards of malpractice which physicians now sustain.

Role of Nurse: Since most plants do not maintain a full-time physician, it is the industrial nurse who is usually called upon to render first aid.

From a legal standpoint, she may render emergency treatment, but she may not engage in the practice of medicine. In other words, she may give emergency aid, but she may not provide follow-up treatment which is properly in the domain of the physician.



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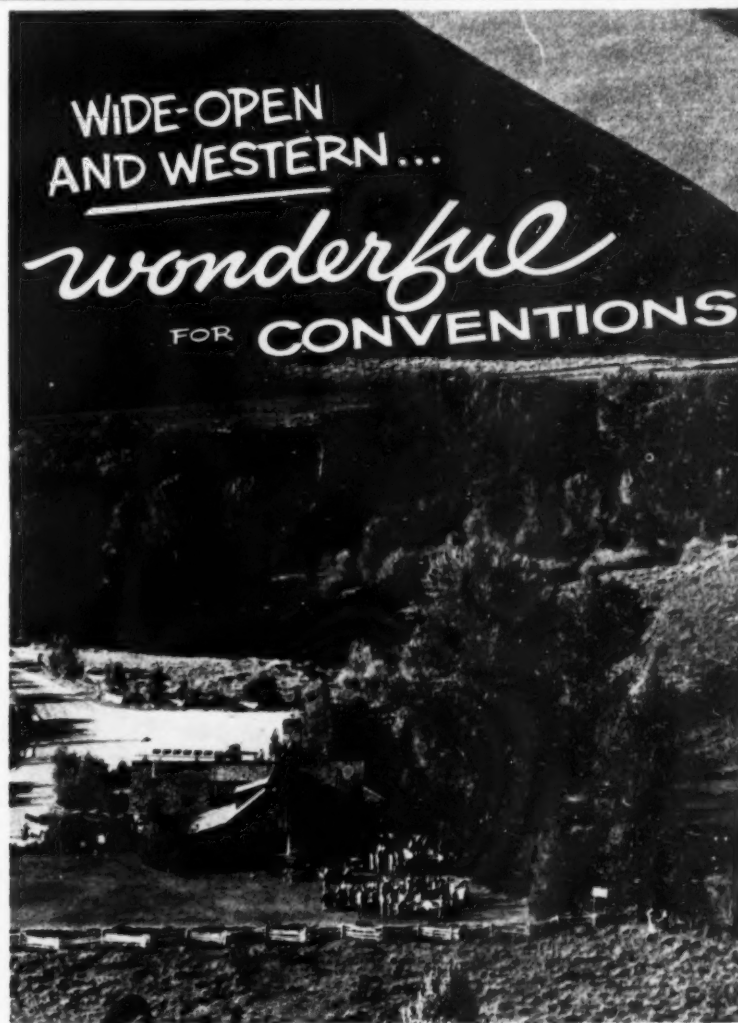
You can't dance your way to a medical expense deduction.

The Tax Court recently ruled that almost \$10,000 spent by John J. Thoene for dancing lessons over a three-year period was not a proper medical expense even though his doctor had recommended the lessons.

Thoene, a New York City engineer, had taken lessons in 1953-54-55, first

to overcome a nervous condition and later to strengthen abdominal muscles following an operation.

The court asserted: "The fact that dancing was included in this list of activities, recommended by the medical doctor, along with table tennis, community activities, and church work . . . does not mean the dance lessons can be characterized as medical care."



Barbecue at Trail Creek Cabin

Sun Valley
 IDAHO

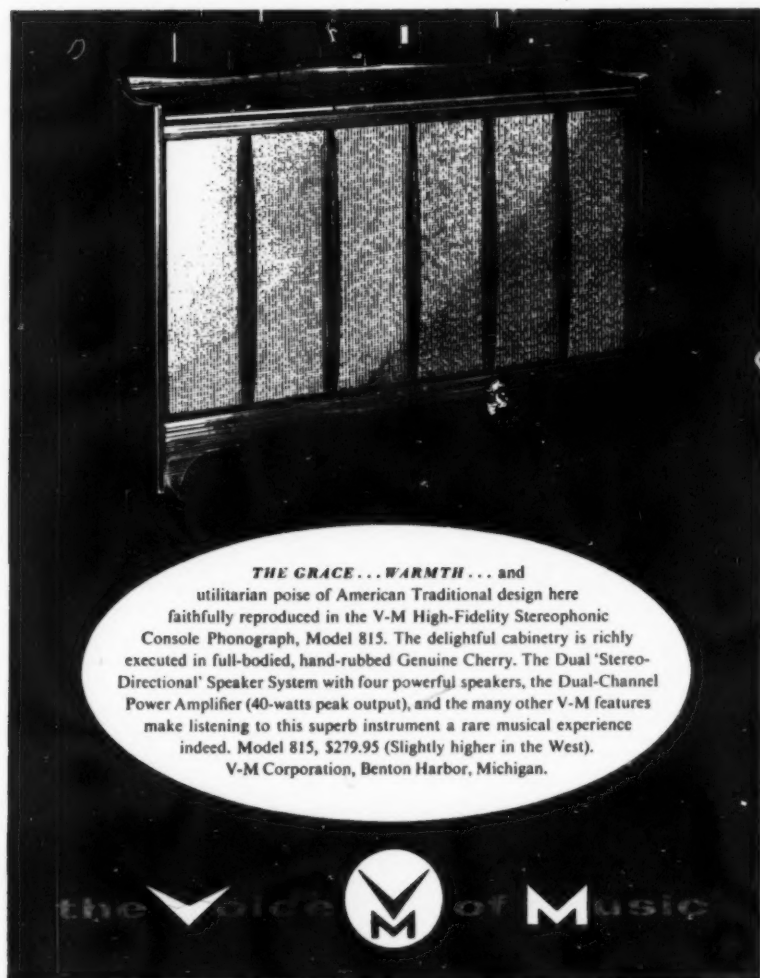
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On the

Legislative Front

The most unusual title of any committee in Congress is that of perhaps the most influential single group—the House Ways and Means Committee. Ways and Means stands simply for ways and means of raising money for the government. And this means taxes.

Physicians have a special interest in this 24-member committee that occupies the most spacious hearing room on Capitol Hill. Legislation to extend the social security program to cover health care for the aged comes under ways and means jurisdiction because the proposal envisages a hike in social security taxes.

Tax Powers: The committee is so influential because the Constitution vests in the House of Representatives sole power to originate federal tax legislation. Thus, any tax revision must be cleared first by the Ways and Means Committee. If the committee doesn't act, then there can be no change. The same applies to tariff policies, for these, too, are means of gathering money for Uncle Sam.

Because of the constitutional rule, no measure along the lines of the Forand bill, for example, can be acted on by the Senate unless the House and the committee have approved.

Washington Briefs

- The Army claims it will save several million dollars a year through use of audiometers to test the hearing of enlistees and draftees. The device will better detect borderline defective hearing and thus eliminate many of the claims pressed against the services and the Veterans Administration for defective hearing allegedly incurred while in service, the Army said.

- Federal officials seized 346 tons of unfit food during September, including insect-contaminated peanuts, egg noodles, and prepared baking mixes, spoiled salad dressings, and lobster tails. Ten tons of a tomato paste were found to contain fly eggs and maggots.

- Food and Drug Administration officers seized 37,800 tablets of "Dynamol," a vitamin product labelled as "an adequate cure and treatment for all vitamin and mineral deficiencies." The federal agency said that in addition to caffeine, the product contained no vitamin A or D and "nutritionally insignificant" amounts of calcium and phosphorus.

- The government started a crack-down on so-called "degree mills" that offer spurious degrees through correspondence courses. Among institutions criticized by HEW Secretary Arthur S. Flemming were one that offered a doctor of metaphysics degree (MsD) for courses in metaphysical healing; another that purportedly granted "doctofates in chiropractic, naturopathy, eclectic, naturatrics and philosophy."

- Dr. Robert L. Bennett, Warm Springs, Ga., was named to the National Advisory Council on Vocational Rehabilitation of the Department of Health, Education and Welfare. He succeeds Dr. Frank H. Krusen, who resigned to become special assistant for health and medical affairs to Miss Mary E. Switzer, director of the Office of Vocational Rehabilitation.

Despite the importance of the panel's work, the membership is relatively little known publicly. Even committee Chairman Wilbur Mills (D., Ark.) is an unfamiliar name to most people, despite the fact he is one of the three or four top men in Congress.

Seldom Reversed: The committee doesn't engage in any spectacular investigations. Much of its work is highly technical. Only in years when a hefty general tax cut or increase is in the wind does it receive much publicity.

Members of the committee are keenly aware of their unusual responsibilities, and the House seldom reverses a committee decision. Witness the Keogh-Simpson measure to encourage self-employed retirement plans. Even though the bill had its share of opponents, it went through the House last spring by a resounding voice vote, without even a rollcall tally.

Many observers believe no other committee in Congress can match the overall caliber of the men on the Ways and Means panel.

Committee Assignments: Heightening the influence and prestige of the committee is the dual role of the Democratic members, who comprise also the Democratic Committee on Committees for the House. This committee parcels out assignments on all committees to Democrats, a very important function. The Republicans have a separate committee on committees that has no relation to the ways and means membership.

Because of the power of the panel, the chairman is often mentioned in any speculation about a successor to Rep. Sam Rayburn (D., Tex.) as speaker of the House.

Big Question: Between sessions of Congress, committee members are holding two important hearings. One is on administration of the social security disability program, including the role of physicians. The other is a broad review of the federal tax structure for loopholes to determine whether general taxes might be cut by broadening the tax base.

But the big question in the minds of physicians is what, if anything will happen on the Forand proposal next term. It's still too early to tell, but one thing is certain—fate of the proposal lies pretty much in the hands of the 24 lawmakers who make up the House Ways and Means Committee.

Rapid Diagnosis Campaign Starts

The government is preparing a national campaign for the rapid diagnosis of streptococcal infections in a move that is aimed at breaking the "chain reaction" from such infections to rheumatic fever and rheumatic heart disease.

Announcing the program, Arthur S. Flemming, secretary of Health, Education and Welfare, said "largely because of our inability to break this chain in the past, about 20,000 persons die each year from rheumatic fever and rheumatic heart disease."

A new method of detecting strep infections known as the "fluorescent antibody" technique will be employed. Antibodies for streptococcal germs are mixed with throat swabs, if the swabs are infected the result can be detected with ultra violet light (The AMA News, March 9, 1959).

Dr. James Watt, director of the National Heart Institute, said laboratory personnel across the nation will have to be trained in use of the test, and that this may take two or three years. PHS is training local personnel and assigning 40 PHS physicians to meet with state and local health departments to determine the best ways to take advantage of the new test.

Financial help is available through grants from the Heart Institute and through state grant-in-aid for purchase of equipment.

U.S. Port Detentions Increase by 400%

The number of persons detained for medical observation in ports of entry to the United States increased more than 400% in the fiscal year that ended July 1, a total of 607 compared with only 124 the previous year. Major cause was a smallpox outbreak in Germany.

More than 117,000 travelers were allowed to proceed to their destinations under medical observation requirements, a 100% jump from the previous fiscal period. Most of these persons came from areas where there were occurrences of smallpox and yellow fever.

Vitamin Warning

Food and Drug Administration cautioned the public against wild claims about products purporting to be sources of Vitamin E. Since the daily diet provides more than adequate amounts of Vitamin E for the average individual, FDA said, supplementing it with the vitamin isn't necessary.



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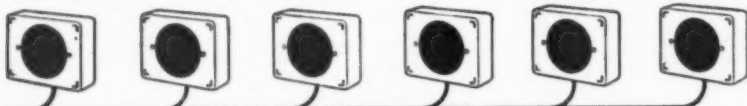
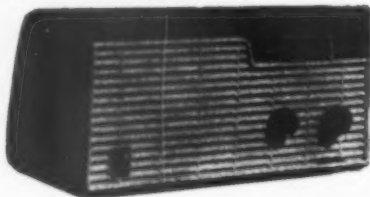
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Letters

... As Readers See It

World Medical Assn.

• I have just read the article in *The AMA News* (Oct. 5, 1959) entitled "Unrest Shown at WMA Meeting."

I believe some of the statements contained therein require clarification. . . .

The charge of so-called "domination" by the U. S. was dropped before the meeting was over and those making the charge admitted it was not true. The Canadian Medical Assn. did not support the charge. It was made only by one Canadian delegate.

It is quite true that the WMA is not doing enough to improve medical care and standards in underdeveloped countries. The council has had this high on its agenda, but such activities can only be carried out if funds are available, which the WMA does not have.

The statement that the New York Secretariat is "staffed principally by Americans" is misleading. The staff consists almost entirely of secretarial and clerical help, and naturally, they are persons resident in the United States. The total number, including the secretary general, is only 13 at present and never more than 15. Of these, one is part-time. Two are natives of France, one a native of Chile, one a native of Colombia and one a native of Hungary. Of the foreign born two are now U. S. citizens.

The complaint of the Netherlands Medical Assn. was primarily a demand that the General Assemblies of WMA not be held annually. This same demand was made by the Netherlands delegates a year ago and was almost unanimously rejected by the General Assembly. The Netherlands Assn. also felt that prior to a General Assembly, there should be studies of problems in each country and regionally before bringing them to a General Assembly. . . .

The "dissatisfaction" and "unrest" was largely overplayed in the newspaper accounts. It was confined to a very few delegates and most of their dissatisfaction was due to ignorance of the true state of affairs.

Any organization on a limited budget varying from \$100,000 to \$180,000 a year, that can obtain adoption of an international code of medical ethics, make surveys of the types of medical care in different countries, sponsor two world conferences on medical education, publish a bi-monthly journal, spearhead an international movement to adopt an emblem to protect medical and paramedical personnel in civil defense, set up a central repository for medical credentials and aid the medical profession to maintain its freedom in various countries, can hardly be termed an ineffective organization.

However, any organization in existence for 12 years would do well to take a look at itself and plan for future years, and this is what was done.

LOUIS H. BAUER, MD
Secretary General
The World Medical Assn.

New York City

Pilot Health Standards

• As president of the Flying Physicians Assn., representing 2,000 MDs who hold pilot's licenses, I would like to call your attention to an error in *The AMA News* of October 5.

In the article "Pilot's Health Standards Set," you say: Approved by MDs: "The majority of individual doctors indicated their approval . . ." I feel you have not covered the subject sufficiently to know whereof you speak.

The Flying Physicians Assn. is the only recognized group of MDs who hold pilots' licenses and they were overwhelmingly against the proposed FAA changes in physical regulations.

We filed a lengthy brief with the Office of the Civil Air Surgeon of the FAA and at our recent annual meeting at Western Hills, Okla., Dr. James Goddard, the Civil Air Surgeon of the FAA, came out to mediate with us.

At this time he told us the proposed 59-1 and 59-2 regulations were not going to be as originally stated—that there would be a great deal of modification of this since there was such a marked opposition to these proposed changes. . . .

We are very opposed to bureaucratic rule and regulation of doctors of medicine and the recent FAA proposals were this, pure and simple. We do not intend to allow this encroachment upon medical practice.

CHARLES M. STARR, MD

N. Hollywood, Calif.

(Editor's Note: *The News* was reporting the action of the Federal Aviation Agency, not commenting upon it. The quotation was not made by *The News* but by the FAA in its official recommendations on revised health standards.)

• I notice in your paper the controversy over compulsory retirement for commercial pilots. I don't think it would be the thing to do to set an age limit as you will find good pilots in advanced age groups.

I am speaking from experience. I am 85 years old, and I fly my plane two or three times a week and think I can fly as well as ever.

A. MCG. WALLACE, MD

Gate City, Va.



UPI Photo

WAGING A FIGHT against cholera, medical teams directed by the U.S. International Cooperation Administration inoculate youngsters in the streets of Dacca, East Pakistan. The cholera outbreak in the area has proved fatal in 88% of the cases. A jet inoculator is used for the mass vaccination.

Traveling Abroad?

Immunization Procedures

International travelers were reminded by the U.S. Public Health Service of necessary and recommended immunization procedures.

Most vacationers going abroad must present a valid international certificate of vaccination against smallpox on re-entry to this country. This does not apply, however, to trips to Canada or short trips to certain nearby countries—Cuba, Bahama Islands, Bermuda, Panama Canal Zone, Greenland, Iceland, Aruba, Curacao, or British Virgin Islands.

There are no U.S. immunization requirements for persons leaving the United States; the requirements are imposed on persons re-entering this country after trips abroad.

Other recommended immunizations, some of which are required by

the foreign nations, are:

Yellow fever and cholera for tropical areas and Asia.

Typhus for Asia, Africa, Eastern Europe, the Andean region of South America, and Mexico.

Diphtheria for children 15 years old or younger.

Poliomyelitis for all destinations.

Tetanus for everyone.

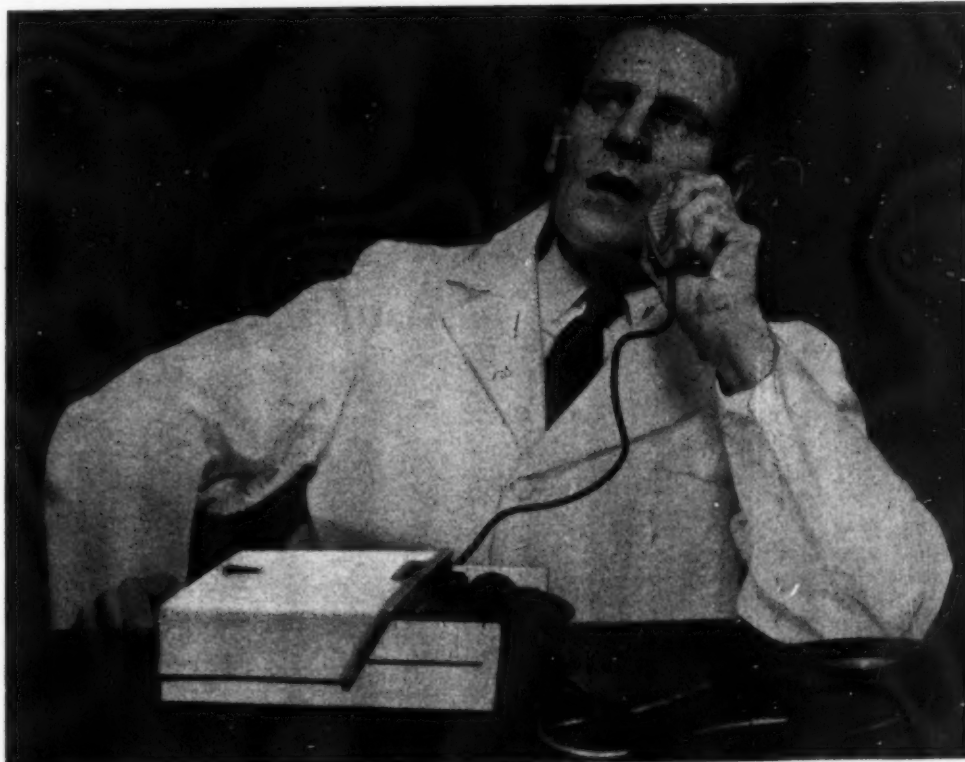
Plague for infected areas, though no countries now require this for entrance.

The Public Health Service booklet entitled *Immunization Information for International Travel* may be obtained from the Superintendent of Documents, U.S. Government Printing Office, Washington 25, D.C., for 30 cents.

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UPI Photo

EYE OPERATION for benign tumor without surgical opening of the eye is performed at University of Chicago. Clinics with a light coagulator imported from West Germany. Xenon-arc lamp in device provides 3,600-watt beam of light which coagulates tissue. Beam is directed into eye with instrument similar to ophthalmoscope.

Heart: First complete replacement of a human heart valve with a plastic substitute was reported by Dr. William H. Muller Jr., University of Virginia, at meeting of American Heart Assn. In the operation on a woman a year ago, valve of aorta was replaced by plastic device. Dr. Muller said patient was making satisfactory progress. He believes new type of valve will replace Hufnagel valve which is grafted into aorta at a certain distance from natural valve.

Rheumatic: Restrictions on athletic, scholastic, vocational, and domestic pursuits for persons who have had rheumatic fever may do very little to safeguard the heart, Dr. Alvan R. Feinstein reported at same meeting. In fact, declared Dr. Feinstein of Irvington House, a rheumatic fever research center near Tarrytown, N.Y., serious psychological and social troubles can result if these people are kept from pursuing normal routines. His findings were based on studies involving 198 former patients.

Blood: An advanced research program which will make possible the storage of whole blood for years at temperatures of minus 320° F was announced by Lynde Co., Division of Union Carbide Corp. Procedure consists of freezing whole blood in small containers in less than 45 seconds and storing them at very low temperatures. For use, the blood would be quickly thawed in the same container and transfused. Target date for development of practical facilities for new technique is 1962.

Influenza: An effective live virus vaccine against two common types of influenza has been developed in the Soviet Union, according to Dr. A. A. Smorodintsev, Leningrad Institute of Experimental Medicine. He reported at meeting of American Public Health Assn. that vaccine, which is squirted into the nose, gives an immunity of six months.

Bone: If part of a child's jawbone must be removed by surgery, it will grow back spontaneously if a portion of membrane surrounding the bone can be left intact, according to Drs. Louis T. Byars and William E. Schatzen of St. Louis. They told meeting of American Society of Plastic and Reconstructive Surgery that similar bone regeneration is not likely to occur in adults. Their report was based on three operations on children for removal of tumors of lower jaw.

Heart Gains Reported

Dramatic advances in the four major areas of cardiovascular disease were reviewed recently by Dr. Francis L. Chamberlain, San Francisco, president, American Heart Assn.; Dr. A. Carlton Ernstene, Cleveland, president-elect; and Dr. George E. Wakerlin, New York, medical director of the association.

At a news conference in conjunction with the AHA meeting in Philadelphia, they reported that:

- More than 75% of children born with defective hearts can now be cured by surgery.

- Most serious rheumatic heart disease can now be prevented if children who have had one attack of the ailment are protected through regular and continuous prophylaxis against strep throat.

- Drug treatment of high blood pressure has improved so much re-

cently that 95% of the cases can now be controlled with rauwolfia and the thiazides. As a result, a nerve cutting operation for this condition and drastic low-salt diets have become obsolete.

- While doctors no longer stress low-cholesterol or low-fat diets as such, a growing number are prescribing use of liquid fats or oils in place of hard or solid fats for persons who have a tendency toward hardening of the arteries.

Fund Established

"Worthy students of the medical school" will receive financial aid from a \$150,000 fund established at the University of Pennsylvania in memory of Cornelia Warren Hopeman. The fund honors Dr. Truman G. Schnabel, emeritus professor of medicine.

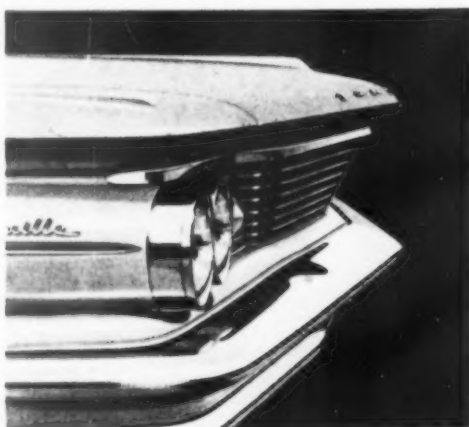
Associate Secretary Named by Council

Dr. Arthur S. Cain Jr. has been named associate secretary of the Council on Medical Education and Hospitals. He will join the AMA staff this month.

Since 1956 Dr. Cain has been employed by the National Academy of Sciences-National Research Council, Washington, D.C. A graduate of Kansas University School of Medicine and a diplomate of the American Board of Surgery, he was in private practice at Kansas City for several years and later was engaged in research and teaching at Columbia University, N.Y.

Polio Rate Down

The paralytic polio rate continued a downward trend. For the week ended Oct. 24, 193 cases were reported, compared with 225 the previous week and 332 during the peak week in mid-September.



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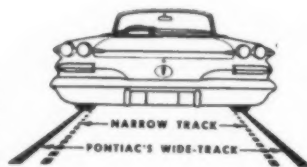
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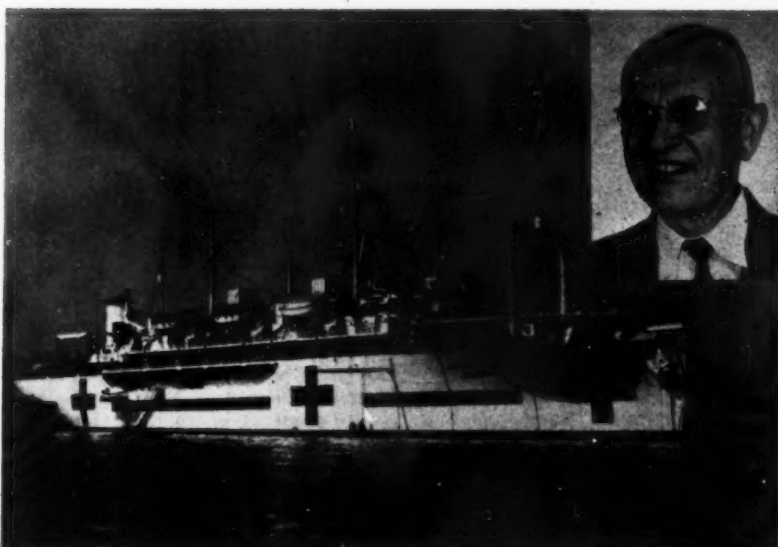
Court Upholds 2 Convictions

Convictions of a Monroe, Ga., physician and his wife for selling amphetamine sulfate to truck drivers were upheld by the U.S. Court of Appeals for the 5th Circuit.

The court rejected the contention of Dr. Samuel J. DeFreese that the federal pure food and drug law regarding the sale of prescription drugs applies only to sales at the retail or pharmacist's level.

In another decision in the same case, the court upheld the government's ballistic type evidence proving the identity of the drug tablets and the fact they came from an out-of-state manufacturer.

Dr. DeFreese and his wife were charged after federal inspectors, posing as truck drivers, purchased quantities of amphetamine sulfate tablets from them.



DR. PAUL E. SPANGLER (inset) of Monterey, Calif., has been selected Senior Medical Officer of Project HOPE, which is outfitting US Navy Hospital Ship Consolation to bring advanced medical training to the health professions of Southeast Asia. Dr. Spangler, former U.S. Navy captain, is the first member of the medical staff to be chosen from more than 1,000 applicants. Contributions to the goodwill mission may be sent to: Project HOPE, P.O. Box 9808, Washington 15, D.C.

Scanning the News

Calorie Cravers: Residents of Ireland rate as the world's biggest eaters, having a daily per-capita calorie intake of 3,510. Americans rate sixth (behind Denmark, New Zealand, Switzerland, Australia) with a per-capita calorie intake of 3,100 daily.

Fire Prevention: Hospitals and other institutions suffered property losses totaling \$2 billion from fires in 1958, according to National Fire Protection Assn. The number of fires dropped 100 from 1957 when 1,700 fires caused losses of \$2.3 billion.

Cancer Study Aided: First open house was held at the Donald S. Walker Laboratory of the Sloan-Kettering Institute for Cancer Research at Rye, N.Y. Walker, obscure Maine lawyer who died in 1957, left a \$13 million estate to cancer research.

For Care of Aged: New wing of Salvation Army Booth Hospital, Omaha, Neb., is dedicated to care of chronically ill and aged patients who cannot gain admission to a general hospital. It is intended to complement, not compete with, existing hospitals, said its supervisor.

Glaucoma Study: Persons over 40 should be examined for glaucoma at every physical examination, five Memphis, Tenn., physicians said. Their two-year study of 13,155 persons found 271 cases of subclinical glaucoma not under treatment. More than 6% of residents of one home for the aged had the disease. The study was reported in the Oct. 24 *Journal of AMA*.

Radiation Meters: Dosimeters for measuring radiation dose absorption in fallout shelters or homes are now priced at \$7 by two manufacturers. One company offers a \$20 package of three instruments which, in an atomic attack, would determine: Safest areas in a house, total accumulated radiation dose, and length of time one should remain in shelter.

Anti-Smog Device: A Los Gatos, Calif., inventor, Ralph M. Heintz, says he has developed an anti-smog gadget which can eliminate about half the hydrocarbon gases that trigger smog reaction. He described it as "a cheap chunk of cast iron" that can be inserted in vehicles' spark plug wells. Cost: \$200 to \$250 installed.

Hospital Insurance: Some 14.7 million New Yorkers — more than nine of every 10 persons in the state, have hospital expense insurance, according to Gerald S. Parker, insurance firm official. He said nearly all hospital expense policies help pay costs of drugs and medicines.

Tax Return Exams: Electronic machines that will check every income tax return and expose wrong ones will be used by Internal Revenue Service by 1967. System is expected to net billions of dollars in additional revenue. Bright note: machines will also detect overpayments, start refunds rolling.

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Feud With UMW Termed Useless

Pennsylvania physicians should spend less time opposing the United Mine Workers Welfare and Retirement Fund and more time working out problems with other union and industry health plans and the public.

That recommendation was included in a report prepared for the Pennsylvania State Medical Society's Board of Trustees by Martin E. Segal & Co., New York City economic consultants.

PR Program: The society's House of Delegates accepted the report "for information." It adopted a special report by the trustees in which the board recommended acceptance of a public relations program prepared by a Pittsburgh public relations firm.

The program includes provision of high standards of medical care, extension of health insurance plans, and reasonable fees.

One trustee, Dr. Russell Roth of Erie, told the House that where economic abuses have developed, they should be curbed and prevented.

"To the extent that patients and third party plans have been aggrieved," he said, "we wish to provide mechanisms for equity and justice. To the extent which the medical profession has sustained a loss in public esteem, we wish to restore it."

Feuding Criticized: The Segal company's report said Pennsylvania physicians have appeared to ignore the desires of other working groups while feuding with the UMW. It said many of these groups do not want, or can't afford, the type of health care plan used by the UMW.

It said the UMW plan appears to work as far as the miners and industry are concerned and "continued attacks by the medical profession will not undo that program."

Hotel Rooms Used For Housing Aged

A part of the 200-room Weldon Hotel at Greenfield, Mass., is being made available for low-cost housing for the aged.

David M. Richman, president of the hotel company, said the hotel needs only about 50 rooms to handle transient guests and that the remainder of the rooms will be made available to retired people at a monthly rate for room and board from \$86.50 up.

Richman said he believes private enterprise can provide low-cost housing for the aged and that federal housing is unnecessary.

Stating It Briefly

GPs of the Year: Named as General Practitioners of the Year by their respective state medical societies were Dr. John Kingsbury, Indianapolis, Ind.; Dr. Fresenius Van Nuys, Weston, Mass.; Dr. Ralph B. Post, Ballston Spa, N.Y.; Dr. Alexander F. Fortune, Greensboro, N.C.; Dr. Chesley M. Martin, Elgin, Okla.; Dr. Alonzo P. Peeke, Volga, S. D.; Dr. John Paul Lindsay, Nashville, Tenn.

Driving Restrictions: A joint legislative committee has recommended that New York enact laws barring driving by habitual users of narcotics, barbiturates, or other drugs that rendered them "incapable of driving safely." Proposed laws would require physicians to list with State Health Department the names of patients who are habitual users of the drugs. Health commissioners would relay information to Motor Vehicle Bureau.

Airborne Meetings: Nebraska Pharmaceutical Assn. flew team of officials, speakers to three meetings in three days. Nebraska State Medical Assn. cooperated. Dr. E. E. Koebbe, president, suggested formation of interprofessional council of pharmacists, dentists, veterinarians, and physicians in the state.

Mental Health: Missouri Gov. James T. Blair predicted that state's mental health program will rank among the top in the nation within 10 years. He broke ground for St. Louis State Hospital's new \$5.2 million Clinic and Administration Building.

McDowell Stamp: New postage stamp honoring pioneer Dr. Ephraim McDowell will be issued Dec. 3 at Danville, Ky., instead of Dec. 30, as originally announced by Post Office Department. Some 600,000 first day issue are expected to be sold.

MDs Would Help: Medical Society of the County of New York pledged its cooperation to New York City Central Labor Council as unions study setting up their own hospital chain and a medical insurance system (*The AMA News*, Oct. 5, 1959). Dr. Samuel Frant, medical society president, said physicians are not concerned with competition, welcome labor's attempts to bring medical costs down.

Day or Night Care In Hospital Started

A program of day or night care for patients has been started at the New Jersey State Mental Hospital, Ancora, N.J. Most of the patients involved are the aged without intense degrees of mental illness.

Patients whose families can provide care for them at night are hospitalized during the day. Patients who have some occupation during the day but require therapy stay at the hospital during the night.

Nurses Barred

State Board of Nursing of New Jersey adopted a resolution barring nurses from giving intravenous injections. Only exception allowed is where a licensed nurse has received special training and makes the injection in the physician's presence.

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- The Role of Medicine in the Space Age**—Hubertus Strughold, Professor and Advisor for Research, School of Aviation Medicine, Randolph AFB
- Indications for Hysterectomy**—Willis H. Jondahl, Harlingen, Texas—Lecture
- Rheumatoid Arthritis**—W. Paul Holbrook, Tucson, Ariz. Panel Moderator
- Colloidal Isotopes and Leukemia**—Joseph M. Hill, Dallas—Lecture
- Treatment of Diabetes**—Randall G. Sprague, Rochester, Minn.—Panel Moderator
- Infectious Diseases in Children**—Harris D. Riley, Jr., Oklahoma City—Panel Moderator
- Tranquilizers in Medical Practice**—Stewart Wolf, Oklahoma City—Lecture
- Surgical Approaches to Parkinson's Disease**—William W. McKinney, Fort Worth—Lecture
- Congestive Heart Failure**—James V. Warren, Galveston—Panel Moderator
- Peptic Ulcer in Rheumatoid Arthritis**—Lloyd G. Bartholomew, Rochester, Minn.—Lecture
- Immunization and its Future**—Blair E. Batson, Jackson, Miss.—Lecture
- Children's Eyes**—Tullos O. Coston, Oklahoma City—Lecture
- Obstetrical Emergencies**—Willis E. Brown, Little Rock, Ark.—Panel Moderator
- Hernia Repair**—Francis C. Usher, Houston—Lecture
- Premarital and Marital Counseling**—Oren R. Depp, New Orleans—Panel Moderator
- Anticoagulants and Choice of Drugs**—James W. Culbertson, Memphis, Tenn.—Lecture

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If You're Driving To Dallas Take Time for Side Trip

Those who are driving to Dallas for AMA's 1959 Clinical Meeting should plan their trips with a few days to spare because major travel lanes toward the city "lead through some of America's most interesting areas," reports the American Automobile Assn.

AAA has prepared recommended driving routes to Dallas for *The AMA News*.

From the Northeast, motorists can follow the turnpikes west to Chicago, turning south on US-66 to the St. Louis area. An alternative route to St. Louis from the Pittsburgh area is US-40 via Columbus, Ohio, and Indianapolis, Ind. From St. Louis, the route lies generally over US-66 to northeast Oklahoma and then US-69 and 75 into Dallas.

Leisurely Route: AAA recommends a more leisurely route for those who can take the time. This takes the traveler off the Pennsylvania turnpike at Harrisburg, sending him south along US-11 and 11W through the Shenandoah Valley to Knoxville, Tenn., in the Great Smoky Mountain area, where a side trip may be planned. From here the route follows a variety of numbers through Nashville and Memphis, Tenn., US-79 and 82 to Texarkana, Ark., and then US-67 into the convention city.

MDs going to Dallas from the Southeast are advised to pick up US-80, which originates in Savannah, Ga., and goes directly west to Dallas via Macon, Ga., Montgomery, Ala.,

Jackson, Miss., and Shreveport, La.

From the Pacific Northwest, the main road is US-30. It runs through Portland, Ore., and is reached from the Seattle area via US-10 and 97. The route runs through southern Idaho and Wyoming, where it turns south, becoming US-287, leading to Fort Worth and a turnpike to Dallas.

By the Numbers: The recommended route from San Francisco involves many numbers. The motorist heads east on US-50, turns south on US-99; bears left on 466 at Bakersfield and picks up US-66 near Barstow in the Mojave Desert. This will take the driver to a point east of Albuquerque where he bears right on US-285, left on 60, right on 84 into Lubbock, Tex. There he follows US-82 into Seymour and state route 199 into Fort Worth.

For motorists in the Los Angeles area, a more southerly route is given. Going east on US-60, the driver picks up US-99 in a southerly direction and then turns left onto US-80. He can follow 80 all the way to Fort Worth, going by way of Tucson, Ariz., El Paso and Abilene, Tex. An alternative is to bear left at El Paso and follow 180 to Fort Worth. This makes possible a side trip to Carlsbad Caverns.

AAA listed these approximate highway mileages between Dallas and a number of principal cities to help MDs plan their trips: Chicago, 954; New York, 1,612; Los Angeles, 1,434; San Francisco, 1,769; Seattle, 2,280; Atlanta, 835; Kansas City, 503; St. Louis, 659; Washington, D.C., 1,403.

In Dallas

Here's What To Wear

Doctors and their wives who will attend the American Medical Association's Clinical Meeting in Dallas Dec. 1-4 should bring along their topcoats—even though they probably won't be needed.

The women should bring their hats and their party clothes. Dallas is a dress-up town.

Early December in Dallas usually serves up some of the year's finest weather—cool sunny days when a suit provides just the right warmth.

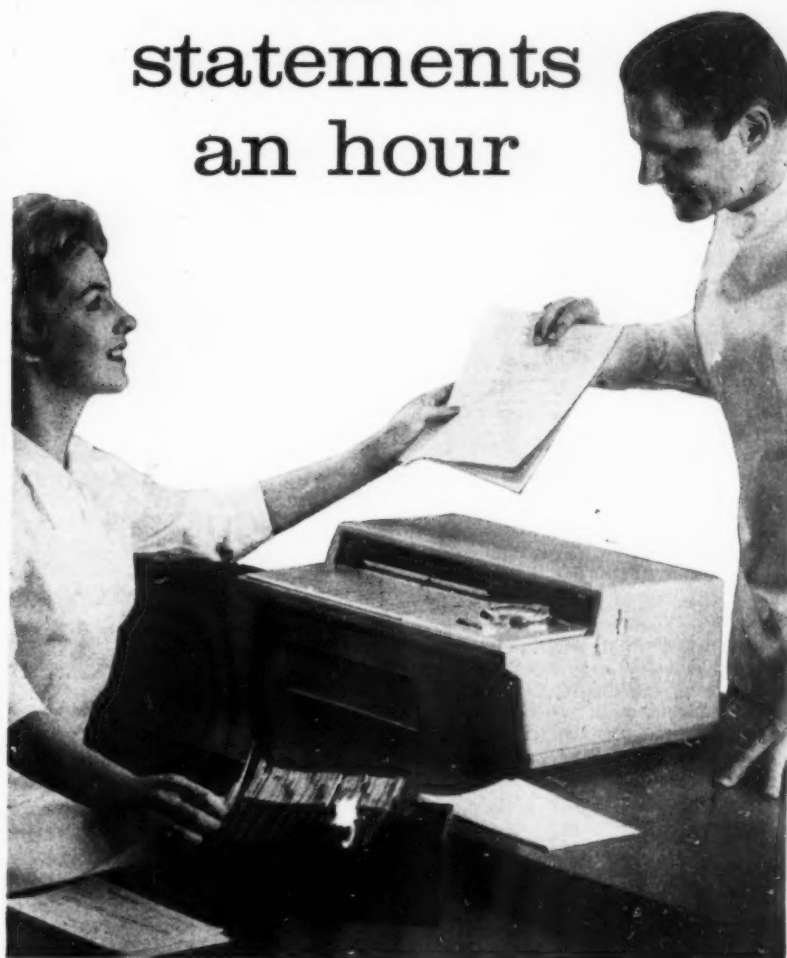
Special clothing tips for the women: In Dallas, women usually wear hats while shopping or lunching. If you plan to go with your husband to a black-tie affair, either a long or short

evening dress is appropriate. For cocktail parties, you'll need the same type of after-five dress as in any other city. And if you want to bring your furs, do—you might find good use for them.

Memo to the men:

Bring a sweater if you plan to try out the Dallas golf courses. As for hats, the majority of Texas males do not wear them. The more fashion conscious are now taking to bowlers and homburgs. And the Western styles are still fashionable in Dallas. The typical male convention visitor to Texas is wearing a Western hat when he leaves, even if he's never worn one before.

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Wintertime Driving— It Can Be Less Risky

*Through rain, through sleet,
through ice, through snow,
He went where only God could go.*

These lines from Robert Peter Tristram Coffin's memorable poem, *Country Doctor*, are reminders that even when the mercury shivers at the bottom of the thermometer, when winds howl and roads and streets are covered with heavy snow and glare ice, physicians in the snow belt still venture forth to make house calls, hospital visits, or to answer emergency calls.

These tips from the National Safety Council will help MDs to keep going—safely:

- Keep good tires on your car, preferably snow tires, and use reinforced tire chains for more severe conditions. Slower than normal speeds are a must on snow and ice.

- Be sure that wiper blades, heater, and defroster are operating properly. Clean snow and ice from the windshield and from all windows of your car. Ventilate to keep the inside of your windows from fogging.

- Get the "feel" of the road to avoid unintentional sliding or spinning of your wheels, occasionally try your brakes or gently press your accelerator while driving slowly and as traffic and highway conditions permit. Then adjust your speed to road and weather conditions.

- Keep well back of the vehicle ahead so you will have plenty of room to stop. It takes three to 12 times as far to stop on snow and ice as it does on dry pavement.

- The best technique for stopping on snow or ice while maintaining full control of your car is a fast up-and-down pumping of your brakes. Jamming and "freezing" on your brakes is almost certain to lock your wheels.

Here are a few ideas on how to take care of your car during the winter:

Cold Car: If a garage is not available, a blanket thrown over the hood will make a big difference in cold weather. It's usually the wind, not flat cold, that freezes a car.

Surgeon and Vet Show Teamwork

A valuable thoroughbred may be saved because of the teamwork between an orthopedic surgeon—Dr. Austin B. Rohrbaugh, Chevy Chase, Md.—and a veterinarian—Richard Buckingham, DVM, Rockville, Md.

Dr. Rohrbaugh, on learning that a mare belonging to a friend had severed two tendons in her right hind leg, volunteered his assistance to the veterinarian.

The animal doctor said he welcomed the orthopedic specialist's skill because he feared the mare would have to be destroyed.

After the veterinarian put the horse under anesthesia, Dr. Rohrbaugh sewed the tendons together. He remarked after the 1½ hour operation:

"This was an interesting case because the tendons literally were cut in half. We sewed it with wire sutures and applied a heavy cast. I see no reason why it shouldn't heal."

Final outcome of the operation will not be known until the cast is removed in another two weeks.

Frozen Radiator: When a radiator is frozen, the car becomes overheated. Ice in radiator tubes keeps water from circulating. The water stays put and quickly boils. Get the car into a heated garage where it can thaw out, or pour hot water into the radiator while the engine is running. Stopping the engine or pouring cold water into the radiator may crack the block.

Batteries: It is cheaper to recharge a battery than to have it ruined. Low batteries can freeze. An automobile's battery is only 40% efficient in zero weather.

Easy Start: When the mercury drops to sub-zero, some motorists hang a lighted light bulb under the hood and let it burn all night. This usually produces enough heat to assure an easy start.

Window Frosting: Glycerine or anti-freeze on windshield will help keep ice from forming. Newspapers or cardboard slipped under windshield wipers will keep ice and snow off windshield if car is parked outdoors.

Doorlocks: If your doorlock freezes, heat the key with a lighted match. Keep lock covers closed or lubricate with powdered graphite.

Hand Brakes: Don't set hand brakes in winter. Moisture inside the brake drums may freeze wheels solid if brake is engaged. Leave car in gear and turn wheels against curb.

Paraphernalia: It's a good idea to carry a box of sand in the trunk. It serves two purposes—holds down the rear wheels and is handy if you get stuck. A windshield scraper, snow shovel, a whisk broom or long-handled brush to remove snow, and short pieces of rope for emergency tire chains may also be helpful.

MDs Criticize Plastic Helmets

Physicians for leading college football teams believe that the greatest aid in reducing gridiron injuries would be to do something about the hard surface of plastic helmets.

This was revealed in a survey by *The AMA News* of the doctors who administer to players on top college football teams.

When asked, "Are there any rules or equipment changes you would like to see adopted for the better protection of college players?", most of these physicians called for modifying helmets which protect the wearer but are hazardous to other players.

Research Urged: One physician suggested replacing the plastic headgear with a composition helmet made of material which is lighter and less rigid.

Another doctor suggested that the hard surfaces of helmets, as well as shoulder pads, be covered with some kind of cushioning material.

One team physician declared:

"I would like to see some honest-to-goodness research done on the shoulder pad as well as on the helmet."

As for the game itself, most of the



MDs wanted strict enforcement of the rules against "piling on."

Other Recommendations: A physician for an Ivy League team said:

"I would like to see a committee of coaches, physicians, and trainers set up to study the mechanics of football as taught by the coaches with a view toward determining what instructional changes can be made to avoid injury."

Other suggestions mentioned were: Use of unlimited substitution, an extra week of pre-season conditioning, a harness to prevent acute neck flexion, requiring all players to wear rubber mouth guards, improvement in hip and kidney injury pads, and the elimination of low-cut shoes and cleats with tooled steel tips.

Imposter at Work, State Board Warns

Arizona's State Board of Medical Examiners warned against a man who has represented himself as a physician in Douglas and Phoenix, Ariz., and Germantown, Ky.

He is Clarence H. Cypher, described as between 35 and 38 years old, 5 feet 7 inches tall, weighing 135 pounds, with blue eyes and gray hair.

Any person knowing Cypher's whereabouts is asked to notify the American Medical Association's Department of Investigation.

Auto Braking Facts

On glare ice at 20 degrees fahrenheit: When compared with regular tires, snow tires are 28% better, regular tire chains 231% better, and reinforced tire chains 409% better.

On loosely packed snow: Snow tires are 51% better than regular tires; reinforced tire chains 313% better.

Braking distances from 20 mph on loosely packed snow: Regular tires 60 feet, snow tires 52 feet, regular tire chains 46 feet, reinforced tire chains 38 feet.

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Maupintour

For Your Information

For the MD

New Books: Yesterday's patent medicine men and their methods of peddling nostrums are presented by Stewart H. Holbrook in *The Golden Age of Quackery* (Macmillan, \$4.95). . . . *How They Train* is a study of training methods of 140 outstanding runners (Track and Field News, Box 296, Los Altos, Calif., \$2). It's by Fred Wilt, former distance running star. . . . *A Way of Life and Selected Writings of Sir William Osler* (Dover Publications, \$1.50), edited as centenary tribute to physicians' patron saint.

What's New: Battery and gasoline-powered miniature autos in which children can ride carry price tags of \$300 and more. . . . Portable letter opener automatically aligns and opens 40 to 50 letters a minute without mutilating contents. Price: \$29.95. . . . Wireless inter-communication system for home or office sells for \$59.50, plus \$30 for each speaking unit over two.

Travel: A free booklet, *Let's Go Cruising*, gives detailed list of winter cruises including destinations, dates, and minimum fares. Write: American Express Travel Service, 65 Broadway, New York 6, N.Y. . . . The American Automobile Assn. suggests a travel budget of \$36 a day for two people driving 300 miles each day. Driving costs are based on three cents a mile for gas and oil. . . . A railroad offers 15-day tour, beginning Dec. 26, to Southern California. Prices start at \$410.13, include tickets to Rose Bowl football game and parade.

Miscellany: Air-travel cards may now be used as credit cards at many hotels, motels, car-rental agencies. . . . One credit card company lets members charge tickets to professional basketball games played by Detroit Pistons, St. Louis Hawks. . . . New low cost is expected to speed sales of home elevators. Kits are available to help plan best location for the lift in new or existing homes. . . . A small light control which brightens, dims, or blends lighting in circuits with loads of less than 200 watts is priced at \$18.

For the MD's Wife

Christmas Planning: Seasonal meats as gifts for holidays are offered by packing company for \$150. Gift series begins at Christmas with aged sirloin steaks. Game hens and ham are sent at Easter, steaks for Independence and Labor days and frozen turkey for Thanksgiving. . . . Christmas packages for overseas servicemen should be mailed by November 20 to insure Christmas delivery. . . . Turkey supply for holiday season is biggest on record. Prices will be about the same as last year.

Shopping Hints: Available now is an LP record, *A Child's Introduction to God and Religion*, for children aged 5 to 9. Approved by Protestant clergymen. Answers such frequently asked questions as, "Who is God?" Price: \$4.95. . . . Pocket Time Alarm goes off at preset time to warn of appointments, baked cakes, or expired parking meters. Clips on pocket or belt. Price: \$4.95. . . . Bottled carbonated coffee is headed for market shelves. . . . Picture window umbrella made of clear vinyl lets owner see through instead of under in wind-whipped rain. . . . If your physician husband empties contents of shirt and trouser pockets onto dresser top, a "nite caddy" is useful. It's an organized catch-all for everything normally carried in a man's pocket. Price: \$5.95. . . . Slotted board for holding cards is designed for card-playing convalescents. Price: \$3.



CLOSED CIRCUIT television was used at the Seattle, Wash., meeting of the Association of Medical Illustrators to demonstrate drawing techniques. Thomas Jones of Chicago, seated, is shown working on a drawing of the human thigh, while the audience watches on TV monitors. Mrs. Angela Bartenbach Mailor, Chicago, was elected president.

Sports and Medicine

First Meeting Planned

Physicians, athletic directors, coaches, and trainers have been invited to attend the first National Conference on Medical Aspects of Sports at Dallas, Texas, November 30, the day before the Clinical Meeting begins.

Participants include Homer C. Wadsworth, chairman of the President's Citizens Advisory Committee on the Fitness of American Youth, and Avery Brundage, president of the International Olympic Committee.

The conference is sponsored by the American Medical Association's Committee on the Medical Aspects of Sports. Dr. Allan J. Ryan, Meriden, Conn., committee chairman, will pre-

side. The morning session will be divided into two sections, one devoted to "Physiology of Exercise," the other to "Prevention of Athletic Injury."

"Training and Conditioning the Athlete" and "Treatment of Athletic Injury" will be discussion topics for afternoon sessions.

Wadsworth will discuss "Youth Fitness Today" at a luncheon at the Baker Hotel, where all conference sessions will be held. Luncheon tickets are \$3.50 and will be available at the registration desk.

Brundage will show movies of the 1956 Olympic Games at the evening session.

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Questions & Answers

Q—I will soon be moving to another community where I will open a new office. To whom may I send announcements of this change?

F.M., MD
Pennsylvania

A—The Judicial Council of the AMA says that on opening an office a physician may send announcements to his colleagues, to his intimate personal friends, and to those persons in allied fields with whom it may reasonably be expected he will associate. Announcements of the opening of an office should not be mailed indiscriminately, nor should commercial mailing lists be used. These limitations also exist with the closing of an office. Furthermore, the physician should advise his patients of the essential facts concerning the removal of his office.

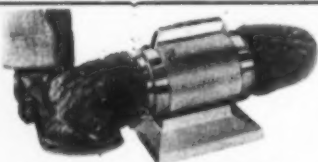
Q—I assisted in an operation in which a bad result occurred. The surgeon is being sued for malpractice and, in my opinion, he was at fault even though it was an honest mistake. His version of what happened differs from mine. When I testify, am I duty bound to support the surgeon's version?

L.B., MD
Texas

A—There may be honest differences of opinion as to how an operation may be performed, and often a surgeon must exercise his best judgment in deciding which of several alternatives to follow. He is justified if his conduct of the operation would be approved by even a respectable minority of his colleagues in the same locality. Your obligation as a witness is not to judge the defendant; that is the duty of the court or jury. Your duty is to report truthfully the facts and circumstances as witnessed by you. The honest witness has nothing to fear from his colleagues or from his conscience.

Grants Awarded

Ten awards totaling approximately \$250,000 for research on cardiac and psychiatric nursing, nursing education, and socio-economic factors affecting nursing, were announced by Public Health Service's Division of Nursing Resources. Seventy-three research grants have now been awarded since the Nursing Research Grants program was established in 1955.



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When the Phone Rings—How Are Your Manners?

(EDITOR'S NOTE: This is another in a series of articles on practice management. Articles in this series are submitted by individual members of the Society of Professional Business Consultants and represent their individual approaches to the subjects.)

The manner in which telephone calls to a physician's office are taken can go a long way in building up or tearing down good public relations between doctor and patient.

Obviously, the doctor cannot talk to every person who calls, yet the impression of friendly and easy access to the doctor should be the dominant factor in the way calls are received.

First Response: The first and proper response of the doctor's secretary is to state the name of the doctor whose office is responding. Then comes a request from the caller to speak to the doctor if he is in.

It is at this point that good telephone manners are highly important. If the doctor is with a patient or other-

wise engaged so that it would be inconvenient for him to take a call, the secretary should frankly say that the doctor is with a patient or in conference and cannot talk now. Then the secretary should say, not "Who's calling, please?" but rather "May I tell Dr. Jones who's calling?" implying that an effort will be made to have the patient's call brought to the doctor's attention later.

The usual reaction to a secretary's "Who's calling?" is an under-the-breath "None of your business." But if the secretary shows the courtesy of asking the caller's permission to let the doctor know who it is that wants to reach him, the effect is one of friendliness and the caller usually will give his name and probably the purpose of the call.

Other Situations: Special tact is required in handling calls to and from other doctors. The doctor's secretary who is making the call for her employer should state the name of the doctor calling, and the answering secretary should try to connect the two doctors as quickly as possible.

Another problem involving telephone manners has to do with the courtesy of letting a patient have his say. Many patients seem to feel that they don't have an opportunity to tell what is on their minds.

Good public relations call for giving the impression of a friendly hearing, both by telephone and in person, and tactfulness is required when the caller begins to talk ad infinitum.

Film Available

A new sound motion picture portraying the role of the physician's assistant is available for MDs and medical assistants. It is *First Contact*, produced by the American Association of Medical Assistants in cooperation with the American Medical Association, as a special service of Wyeth Laboratories. MDs and medical societies may order the film through AMA's Film Library, 535 N. Dearborn, and medical assistants through AAMA, 510 N. Dearborn, both Chicago 10, Ill.

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Diagnosing Investments

Self-Delusion Worst Enemy of Investors

By Merryle S. Rukeyser



Stock market rigging through manipulators, to the extent that it continues to exist, is less damaging to the ordinary person than self-delusion.

This is the conclusion expressed by Arnold Bernhard, author of *The Evaluation of Common Stocks*, who has spent 21 years as a security analyst. He is seeking to develop an objective measurement of stock values, and concludes that this project is in its early stages.

After going through his presentation, it seems to me the one fact that stands out for the lay investor is: "Look for the mote in your own eye." Greed and unanalytical emotionalism cause numerous market operators to overstep the boundaries of common sense.

Discipline Needed: Bernhard puts it this way: "I think if all the devilry of all the crooked stock-market riggers of all time were raised to the hundredth power, it would count as nothing compared to the desolation wrought by deluded crowds whose imagination knows no discipline."

Disciplined evaluation is obviously something more basic than making random inquiry among unprofessional persons as to "What's good in the market?"

Obviously tipsters are not philanthropists out to enrich you by selfishly disseminating information.

Many persons are more discriminating in selecting food from a restaurant menu than in investing savings. Few are ready to take the dish which the waiter touts without examining the bill of fare.

But the unsophisticated are too easily pushed into securities which allow a big margin for salesmanship and merchandising.

Sales Expense: On the other hand, an insider, such as Frank A. Vanderlip, one-time president of National City Bank of New York, confided to me that he never bought new issues. "Why," he said, "should I absorb a substantial pre-

mium for selling expenses, paying for the cost of ringing of door bells by security salesmen? I can go to the security manuals and dig out old issues, which no one is sponsoring, which will give a better return."

Right here and now, while some mutual funds add a "load" of 8% for sales expenses, a few, affiliated with investment counsel firms, ask for no premium. Likewise, at times, shares of investment companies (so-called closed-ends) actually sell at a discount below the break-up value or liquidation of securities in its coffers.

The wild gyrations in stock prices represent variations from time to time over the multiplier at which investors are ready to evaluate earnings. Thus in June, 1949, the Standard & Poor's industrial stock average sold at but 5.4 times earnings to return 7.6%, whereas 10 years later these stocks were quoted at 20 times earnings to yield 3.2%. Moreover, in 1949 stocks yielded 2.68 times as much as good bonds, whereas this year stocks yield substantially less than good bonds.

Long-Pull Stocks: Bernhard concludes that inflation is helpful to stocks only if it adds to their dividend-paying ability.

After all the elaborate statistics have been examined, it is concluded that holding premier stocks for the long pull is better than in-and-out trading.

"Most of the great fortunes in America," Bernhard concludes, "have been built by people who have held stocks of good quality patiently for many, many years. Capital so committed for the long pull has on average done better than capital more opportunistically directed."

(Mr. Rukeyser will be pleased to receive inquiries from physicians concerning their financial problems. Letters, with self-addressed, stamped envelopes, should be sent in care of The AMA News, 535 N. Dearborn, Chicago 10, Ill.)

Brief Notes on Business

Old Accounts: Don't let your accounts die of old age says American Collectors Assn., Inc. A study by ACA shows that a two-month-old account is worth 90c on the dollar; after six months, 67c; after one year, 45c; after two years, 23c; after three years, 15c. A five-year-old account is worth about 1c on the dollar.

High Interest: Many savings and loan associations over the country are paying from 4% to 4½% on savings with accounts insured by Federal Savings and Loan Insurance Corp. up to \$10,000. Some not federally insured may pay 5 to 5½%. For free list of insured savings associations paying up to 4½% write: B. Ray Robbins Co., Inc., Dept. AMA, 500 Fifth Ave., New York 36, N.Y.

Mutual Funds: Out of every \$100 saved by American people, \$6 now goes into mutual shares. U.S. News & World Report says that's three times the proportion of just five years ago. In the same period, assets of these funds have more than doubled.

Since mutual funds are able to invest in a cross-section of the economy, they offer an effective means to combat inflation's effect on savings.

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Year-End Adjustments May Bring Tax Savings

A stute business moves between now and the end of the year may mean tax savings for the physician-taxpayer when he files his returns in 1960.

These year-end dealings will not be open to criticism, for the courts have consistently stated it is only good business to consider and use all alternatives legally available to keep down taxes or avoid them altogether.

Begin by writing down a tentative list of 1959 income and deductions up to the present, and then making a tentative list of income and deductions for the remainder of the year which you might be able to control. Make an additional list of expected income and deductions for 1960.

Shifting Income: If it appears that you may be making more in 1959 than you would in 1960, try to equalize the financial picture by shifting the controllable income from the last weeks of this year to 1960. This may be done by delaying the sending of bills until after Jan. 1.

If it seems that you may earn less in 1959 than you would next year, reverse this procedure. Send bills promptly and follow-up delinquent accounts effectively and tactfully.

Payment of allowable deductions may also be shifted from one year to the other so that they may counteract the tax effects of the higher income year.

For example, you may be extremely busy from now until the latter part of December and not get around to paying for such items as office telephone, car maintenance, office rent, etc. Although you may not need to pay these bills until January, you may want to make the payments before Dec. 31 in order to increase your deductions because 1959 has been a high income year.

Non-Tax Factors: In these year-end moves, the taxpayer must also remember that in some instances non-tax factors may affect a transaction.

For example, a physician has purchased 200 shares of stocks at \$60 a share and the present market price is \$55. He will not sell them simply to establish a tax loss if his analysis of the market situation indicates a

substantial increase in the value of the stock next year.

December is an ideal time to examine your investment portfolio and review the tax effects of transactions during the year.

After listing and netting the capital gains and losses, including such items as non-business bad debts and worthless securities, write down your holdings, their cost, and present value.

When to Sell: Now determine the advisability of selling some of your securities and, at the same time, consider whether it would be better taxwise to make the sale in December or in January.

As a general rule, you should attempt to balance your losses and gains from investments as evenly as possible over the years if your income has been fairly stable.

You can sell up to the last tick of the stock ticker on Dec. 31 to establish losses. But you must sell on or before Dec. 24 to establish gains for 1959 in the regular way. If you want to establish a gain after Dec. 24, the sale must be for cash and immediate delivery.

Securities sold to establish a gain may be repurchased immediately. Securities sold to establish a loss may not be repurchased for 31 days.

Remember that if you have a net capital loss carry-over from 1954, this is your last chance to use it. If you have not offset the unused carry-over by 1959 capital gains, you should sell something at a gain in order not to lose the benefit of the deduction.

Contribution Time: The end of the year is also a good time to consider contributions. Remember the higher the tax bracket you're in, the less your contributions will cost you. If you've had a good year, it may be wise to contribute in December.

If it appears that you will increase your income in 1960, you might defer tax-deductible gifts until January.

Finally, if you're contemplating marriage, keep in mind that you may file a joint return if the knot is tied before January.

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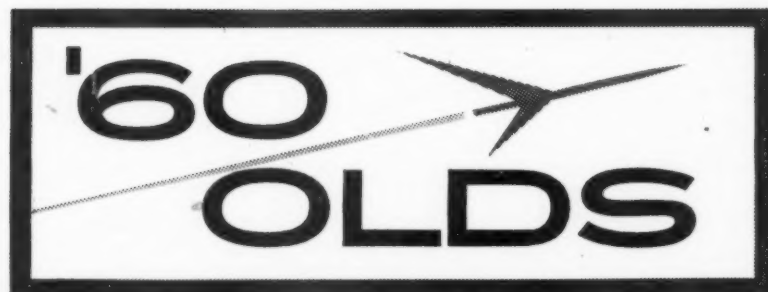
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